

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
FC	OR	NUMB	···		EXTRA	RATE	FEE	1 /	RATE	FEE
ВА	BASIC FEE				The state of the s	380.00	OR	in it is to	760.00	
то	OTAL CLAIMS	6	9 minus 2		49	X\$ 9=		OR	X\$18=	583
	DEPENDENT CL		minus	3 = *	9	X39=		OR	X78=	934
MU	ILTIPLE DEPEN	NDENT CLAIM P	RESENT			+130=		OR	+260=	
* If	the difference	in column 1 is	less than ze	ero, enter "0" in c	column 2	TOTAL		OR	TOTAL	1876.
	C	Column 1)	MENDED	(Column 2)	(Column 3)	SMALL	ENTITY	OR	OTHER SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	· 09	Minus	# 69	=	X\$ 9=		OR	X\$18=	
AME	Independent	* ()	Minus	PENDENT CLAIM	=	X39=		OR	X78=	
Н	FIRST FRESE	NIAHON OF III.	ULTIPLE DE,	'ENDENT OUT		+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE	Ö
		(Column 1)		(Column 2)	(Column 3)			_		
IENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	.72	Minus	* 19	-3	X\$ 9=		OR	X\$18=	549
AME	Independent FIRST PRESE	* C	Minus IULTIPLE DEP	PENDENT CLAIM	=	X39=		OR	X78=	1
	FINOTETINES	NIAHOR C	ULI II EE EE.	'ENDERT CO		+130=		OR	+260=	
	DOF					TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE	5429
 	Incompany of the party of the p	(Column 1)	Tankan e garaga	(Column 2) HIGHEST	(Column 3)			. ,		
ENT C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	.31	Minus	** 72	=	X\$ 9=	1	OR	X\$18=)
ME	Independent	. 3	Minus	*** 10	=	X39=			×%	
٩	FIRST PRESE	NTATION OF M	ULTIPLE DEP	PENDENT CLAIM		\\\	——	OR	^/0-	
.,	If the entry in colu	1 ie lees than t	tumn 2	+130=		OR	1200 ≤			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									. A	
i	THE THY DESCRIPTION	Del Fleviousiy i a	JU FUI (IULAIUI	muepenuenty is the	, nignest number i	Journa in the app	ropriate box	. III COR	AMRE E.	

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

A DDI ICATION NUR CORD	09/565735
APPLICATION NUMBER:	<i>[]</i> 9/565/23

Total Fee Calculation

Total Fee Calculation										
- 	Fee Code	Total # Claims	Number Extra	x	Fee	Fec		Total		
	Sm./Lg.				Sm. Entity	Lg. Entit	у			
Basic Filing Fee	· <u>201/101</u>	م					=	160		
Total Claims >20	203/103	<u> 69</u> -20	= 19	x			= .	882		
Independent Claims >3	202/102	_6 -3	= 5	X			=	234		
Mult. Dep Claim Present	204/104				•		=			
Surcharge	205/105	•					=	130		
English Translation	139									
TOTAL FEE CALCULA	ATION							2006		
Fees due upon filing t	he application	:								
Total Filing Fees Due	s = \$		2 <i>6</i> 06	_						
Less Filing Fees Subr	nitted - \$		Ø							
BALANCE DUE	= \$	g	1006							
Office of Initial Paten	t Examination					••				

Figure 7